Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/51		518,723		
					Filing Date		8/10/2005		
For FY 2008					med Inventor	Nicolaas 1	Duneas		
Applicant claims small entity status. See 37 CFR 1.27					er Name	Elizabeth	C. Kemmerer		
					t	1646			
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket 2226 - 045			5890		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
7									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below									
Charge any additional fee(s) or underpayments of fee(s)									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEARCH FEES EXAMINATION FEES								
		all Entity		ll Entity		mall Entity	1 51	70 11 (0)	
Application Type		Fee (\$)		<u>ee (\$)</u>	Fee (\$)	Fee (\$)	rees	<u>Paid (\$)</u>	
Utility	310	75		255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310	**************************************	100-1100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues) 50								25	
Each independent claim over 3 (including Reissues) 210								105	
Multiple dependent claims Total Claims - 20 or HP Extra Claims Fee (\$)					Fan Daid (C)		370	185	
Total Claims -	<u>· 20 or HP</u> =	Extra Clair	xx		Fee Paid (\$)		Fee (\$)	Dependent Claims Fee Paid (\$)	
HP = highest number of		for, if greater that			······································		<u>rec (5)</u>	rect are (5)	
Indep. Claims	· 3 or HP	Extra Clair	ns <u>Fee (</u>	<u>(\$)</u>	Fee Paid (\$)		***************************************		
	=	116 16	x	=					
HP = highest number o	ot independent clair	ns paid for, if gr	eater than 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 10	00 =	/ 50 =		(round t	p to a whole num	nber)	х		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing surcharge): One month Extension of Time								120.00	
SUBMITTED BY /									
Registration No.									
Signature (Attorney/Agent) 22,132 Telephone 412-471-8815									
Name (Print/Type) William H. Logsdon Date February 2								uary 21, 2008	

Effective on 12/08/2004.